Commonwealth of Virginia Department of Charitable Gaming Electronic Filing Program Notarization for On-Line Authority

Organization Nan	ne:				
DCG #:	Telephon	e Number:			
President Name:					
President Signati	ure:				
Date:					
	0.30 of the Code o	f Virginia, I,			acting in my capacity as
PRIMARY REPRESENT		, ao 11010.		onouning the	poopio.
Name:			Relationship:		
Phone:			E-Mail Address:		
SECONDARY REPRES					
Name:			Relationship:		
Phone:			E-Mail Address:		
the authority to submit	filings via the Dep	partment of Charita	ble Gaming on-lir	ne electronic	submissions.
authorized to comple program. These sub					
President's Signatu					Date
We do hereby swear or confidence. We ackno		_		•	
	Danis and Albeitana and	2			
Print Name:	-	Representative's Sign		itle:	Date
NOTARY:	COMMONWEALTI	H OF VIRGINIA,	City/County o	of	
Acknowledged before	me this	day of	ir	n the year	
My commission expire	s:		Notary Public	::	
	esignated Secondary	Representative's Sig			Date
Print Name:NOTARY:	COMMONWEALTI	H OF VIRGINIA	City/County o	∆ f	
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Acknowledged before		uay or	Notary Public		·